Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09769851

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                      |                                 |  |            | SMALL ENTITY TYPE  OR |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
|---|--|---|--------------|----------------------|---------------------------------|--|------------|-----------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 19           |                      | 7.8                             |  |            | RATE                  | FEE                    |    | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED |                      | NUMBER EXTRA                    |  |            | BASIC FEE             | 355.00                 | OR | BASIC FEE                  | 710.00                 |
| то  | TAL CHARGEAE   | BLE CLAIMS                                | 19 minus 20= |                      | * <i>0</i>                      |  |            | X\$ 9=                |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 =    |                      | • 0                             |  | Ī          | X40=                  |                        | OR | X80=                       |                        |
| MU  | LTIPLE DEPEN   | DENT CLAIM PE                             | RESENT       |                      |                                 |  | Ī          | +135=                 |                        | OR | +270=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |              |                      |                                 | olumn 2                                      | i          | TOTAL                 | 355,00                 | OR | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                         |  |   |              |                      |                                 | (Column 3)                                   |            | SMALL ENTITY OR       |                        |    | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                             |            | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                   |                                 | =  |            | X\$ 9=                |                        | OR | X\$18=                     |                        |
|   | Independent  | *   | Minus        | ***                  | T OL 1111                       | =  |            | X40=                  |                        | OR | X80=                       |                        |
| L   | FIRST PRESEI   | NTATION OF MI                             | JLTIPLE DEP  | ENDEN.               | I CLAIM                         |  | <b>ا</b> ا | +135=                 |                        | OR | +270=                      |                        |
|   |  |   |              |                      |                                 |  |            | TOTAL<br>ADDIT. FEE   |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|   | (Column 1) (Column 2) (Column 3)   |   |              |                      |                                 |  |            |                       |                        |    |                            |                        |
| AMENDMENT B   | r<br>V   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 1.3          | NUN<br>PREVI         | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA                             |            | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                   |                                 | =  | 1          | X\$ 9=                |                        | OR | X\$18=                     |                        |
|   | Independent  | *   | Minus        | ***                  | T CLAB4                         | <u>                                     </u> |            | X40=                  |                        | OR | X80=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                      |                                 |  |            | +135=                 |                        | OR | +270=                      |                        |
|   |  |   |              |                      |                                 |  |            | TOTAL<br>ADDIT. FEE   |                        | ОR | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                |              |                      | ımn 2)                          | (Column 3)                                   | )<br>      |                       |                        | _  |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREV          | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA                             |            | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                   |                                 | =  | ┇          | X\$ 9=                |                        | OR | X\$18=                     |                        |
|   | Independent  | *   | Minus        | ***                  |                                 | =  | ┨╽         | X40=                  |                        | OR | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                      |                                 |  | ┚┃         | +135=                 |                        | OR | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |              |                      |                                 |  |            |                       |                        |    |                            |                        |
| *   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Illing and Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                      |                                 |  |            |                       |                        |    |                            |                        |